# MEDICAID STATE DRUG UTILIZATION DATA Web File Structure and Definitions

Fields are delimitated with a vertical bar/pipe ("|")

Field	Size	Remarks
State Code	2	State Abbreviation
Labeler Code	5	NDC #1
Product Code	4	NDC #2
Package Size	2	NDC #3
Period Covered	5	YYYYQ (Yr/Qtr)
Product FDA List Name	10	Product Name as appears on FDA listing form (1st 10 characters)
Units Reimbursed	15	99999999999999
No. of Prescriptions	9	99999999
Total Amount Reimbursed	15	999999999999999999999999999999999999999
Medicaid Amount Reimbursed	13	9999999999999
Non-Medicaid Amount Reimbursed	13	999999999999999999999999999999999999999

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#### MEDICAID STATE DRUG UTILIZATION DATA FIELD DEFINITIONS

#### **State Abbreviation:**

Two character post office abbreviation for State

#### **Labeler Code:**

First segment of National Drug Code (NDC1) that identifies the manufacturer, labeler, relabeler, packager, repackager or distributor of the drug

#### **Product Code:**

Second segment of National Drug Code (NDC2)

### Package Size:

Third segment of National Drug Code (NDC3)

#### **Period Covered:**

Calendar year and quarter covered by data

Valid values for Q:

1 = January 1 - March 31

2 = April 1 - June 30

3 = July 1 - September 30

4 = October 1 - December 31

#### **Product FDA List Name:**

(Abbreviated) – First 10 characters of product name as approved by the FDA listing form

#### **Units Reimbursed:**

The total number of units (based on Unit Type) of the drug (11-digit NDC level) reimbursed by the state during the period covered.

[Numeric 15 positions: 11 whole numbers, decimal (.), 3 decimals]

#### **No. of Prescriptions:**

The number of prescriptions reimbursed (by the Medicaid Program ONLY) to pharmacists for the (11-digit NDC) drug for the period covered.

[Numeric 9 whole numbers]

#### **Total Amount Reimbursed:**

The total amount reimbursed by both Medicaid and non-Medicaid entities to pharmacies for the (11-digit NDC) drug in the period covered (two below fields added together). This total is not reduced or affected by Medicaid rebates paid to the state. This amount represents both the Federal and State Reimbursement and is inclusive of dispensing fees.

[Numeric 15 positions: 12 whole numbers, decimal (.), 2 decimal places]

# **Medicaid Amount Reimbursed:**

The amount reimbursed (by the Medicaid Program ONLY) to pharmacies for the (11-digit NDC)

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drug in the period covered.

[Numeric 13 positions: 10 whole numbers, decimal (.), 2 decimal places]

## **Non-Medicaid Amount Reimbursed:**

The amount reimbursed (by non-Medicaid entities) to pharmacies for the (11-digit NDC) drug in the period covered. The Non-Medicaid Amount Reimbursed includes any reimbursement amount for which the state is not eligible for Federal Matching Funds.

Numeric 13 positions: 10 whole numbers, decimal (.), 2 decimal places]

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